



Mental health

Key Terms

- **Mental illness:** A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.
- **Psychiatrist:** A doctor who specialises in the diagnosis and treatment of mental health problems.
- **Psychologist:** A clinical psychologist works with people who have been diagnosed with mental health problems.
- **Depression:** Clinical depression is a mental disorder involving a low mood, low self-esteem, and a loss of interest in normally enjoyable activities.
- **Anxiety disorders:** A set of long-term conditions which cause patients to feel anxious about a wide range of situations and issues, rather than one specific event.

What issues surround mental health problems?

Mental health problems affect as many as one third of us over the course of our lifetimes. The impacts of mental health problems on people's lives and well-being can be very serious: not only the direct impact of the problem itself, but the stigma, lack of understanding or tolerance, employment issues, and loss of civil rights which may accompany the problem.

Diagnosis is often complex and some types of treatment remain controversial. With a limited budget for research, prevention and treatment, how should healthcare authorities focus their efforts? And how much choice should they give to patients?

Statistics

- **1 in 10:** The number of people in Europe that suffer from mental health problems every year, according to a [recent study](#)
- **1.5 million:** the projected number of suicides in the year 2020
- **€800 billion:** the cost of brain disorders in the European Union

Science Q&A

How widespread are mental health problems?

More than one in ten young people have a serious psychiatric disorder causing severe distress or impairment, which makes their lives difficult emotionally, socially and academically. The most common are anxiety disorders. Depression is the main cause of disability among teenagers, and suicide is the second most common cause of death among young people.

A [recent review](#) of European studies found that more than one in four adults had experienced a mental disorder in the past year. This represents about 83 million people. And yet the real figure may be even higher, as this review did not include people over 65, who are especially at risk, and not all mental disorders were covered.

Schizophrenia

Schizophrenia is a long-term mental health disorder. Symptoms include hallucinations, seeing or hearing things which are not there and delusions, having strong beliefs which are not based on facts. The cause of schizophrenia is unknown, but is likely to be a combination of genetic and environmental factors.

Care and treatment usually involves a combination of drugs and psychological therapies such as Cognitive Behavioural Therapy (please see “What types of treatment are available?”). Patients need support from carers. A serious schizophrenic episode may require admission to a psychiatric ward. In very rare cases, patients can be detained if they are diagnosed as being a threat to themselves or others.

When do mental health conditions start to appear?

Different problems start to become apparent at different stages of life.

Conditions such as attention deficit hyperactivity disorder (ADHD, please see box on next page) tend to begin in childhood, whereas depression, for example, usually starts during the teenage years. Other mental illnesses are more associated with old age.

What problems can mental health conditions cause?

Children with mental health conditions are usually affected on a long-term, recurring basis. This has a major impact on their lives and the lives of those around them.

Studies show that childhood mental problems are associated with problems at home, school and later on in life; including higher rates of adult mental illness, lower levels of employment and difficulties establishing long-term relationships.

Society as a whole is affected by the large scale of mental health problems. The more people suffer from mental health disorders, the more money needs to be spent on healthcare, education, social services and the justice system.

How are mental health conditions diagnosed?

A psychiatrist will conduct a careful interview. If a patient shows certain psychological symptoms and behaviours which are associated with a condition, and is suffering significant distress or is not able to live comfortably, then a diagnosis may be made.

Psychiatrists look for groupings of certain symptoms and behaviours which have been present for a defined period of time. For example, to diagnose depression they look for symptoms such as low mood and a lack of interest or pleasure in usual activities for a period of more than two weeks.

This is not always easy, as symptoms such as “low mood” are challenging to measure. It is sometimes difficult for doctors to say whether a patient has mild depression or is suffering from grief, for example.

There is debate among researchers as to whether mental health conditions should be diagnosed by the symptoms or by finding a theory which explains the cause. But these theories are also difficult to test, and it’s hard to say whether a difference in the brain causes schizophrenia, or whether schizophrenia causes a difference in the brain, for example.

What are the risk factors for mental health conditions?

Most mental health problems are very complex and it is difficult to pinpoint a cause. Instead, researchers look for a number of factors that increase the risk. Psychiatrists often look at a patient’s family background, as mental health problems are more common in people whose biological family members also have a condition. But there are many other factors which can increase a person’s risk of developing a mental health problem. Some of these factors include abnormalities or chemical

Diagnosing ADHD in children

Symptoms of attention deficit hyperactivity disorder (ADHD) include a short attention span, restlessness or constant fidgeting and being easily distracted.

Parents who think their children may have ADHD usually take them to a doctor. The doctor will ask about the symptoms, and how badly they affect the child’s life. The doctor then has to determine whether or not the child has ADHD. The doctor might also refer the child to a specialist to make the diagnosis.

ADHD is usually treated with a combination of medication and therapy. Parents whose children have ADHD might be offered training to learn techniques to deal with their child’s condition.

Symptoms of depression

Depression shows itself in different ways. But in general, people with depression feel sad, hopeless and lose interest in things they used to enjoy. This continues for some time and gets in the way of work, social life and family life.

There are many other symptoms, and if people experience some of these symptoms for most of the day, every day for more than two weeks, they are advised to go to a doctor.

imbalances in the brain, head injury or drug abuse. Conditions may also be triggered by stressful events in life such as being abused, going through a break-up or grieving a friend or family member.

What types of treatment are possible?

Doctors usually recommend a combination of psychological treatment and drugs, as well as interventions in the patient's family, school or community life.

Cognitive Behavioural Therapy is one psychological treatment that works particularly well in children and teenagers for problems such as anxiety, obsessive-compulsive disorder and depression. This is a type of therapy that aims to help people manage their problems by changing how they think and act. It can be delivered by a healthcare professional, but studies have shown it can also be delivered by a computer, with good results.

Doctors can also prescribe a variety of different types of medication to treat mental disorders. Some medication is designed to be taken on a short-term basis, while other medicines are prescribed for longer periods. Depending on the symptoms, patients may require medicine to treat physical symptoms as well as psychological ones. Medication may affect children and teenagers differently than adults, as new drug treatments are not usually tested in young people.

How can mental health problems be prevented?

Young people are less likely to develop mental health problems if they have plenty of stimulation early in life, they are cared for well and have no other health problems.

Discussion Continuum

This activity is designed to facilitate debates about the ethical, legal and social aspects of mental health. Groups of 8-12 students discuss the issues raised by each statement and choose where each card should go between 'agree' and 'disagree'. Larger groups could use the resource to have a free discussion of the topic or you could use formats that require the students to work more formally or in smaller groups.

Contents:

The resource consists of:

- An AGREE and a DISAGREE card
- 8 Discussion Cards, which include a statement on some aspect of mental health.

Gameplay:

1. Players form small groups, between 4 and 12 per group. Each group is given an AGREE and DISAGREE card and 8 discussion cards.
2. Within each group, the AGREE card and DISAGREE card are placed on the floor/table about one metre apart, to represent the two extremes of the continuum. The space in between is where the discussion cards will be placed.
3. The first player reads the first discussion card to the rest of the group. The player should check everyone understands the card.
4. The first player then decides to what extent s/he agrees with the first card. S/he places the card face up, anywhere on the discussion continuum, closer to AGREE or DISAGREE as s/he chooses. This is entirely the choice of the individual player, and is not discussed by the group. The player can give a reason, if s/he wishes.
5. Each player in turn then reads a card, checks that everyone understands, and chooses individually where to place it on the continuum in a similar way.
6. When all the cards have been read, understood and placed on the continuum, the discussion begins. The aim is to place the cards between AGREE and DISAGREE in an order that most of the players agree on. Players should pick a card for discussion, and debate whether to move it.
7. At the end of the discussion, each group should have a continuum which they mostly agree with.
8. If several groups are playing at the same time, the facilitator may wish to bring the different groups' results together. Are they similar? Can someone from each group explain their choices on particular cards.

Discussion continuum developed by Ecsite, in collaboration with Barcelona Science Park and Centre of the Cell, in the context of the Xplore Health project.

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Agree

Disagree

Discussion Card 1

“In general, **drugs should only be used to treat mental health problems as a last resort**, when psychological therapies have not worked.”

Discussion Card 2

“Patients with mental health conditions **should be allowed to say no to treatment**, unless there is a significant risk they could seriously harm themselves or other people.”

Discussion Card 3

“**Computer-based cognitive behavioural therapy should be used more than counsellor-based therapy** to treat anxiety disorders, as it has been proven to be relatively effective and is much cheaper.”

Discussion Card 4

“Doctors should be given **stricter criteria for diagnosing mental health conditions such as ADHD**, as they are often under pressure from parents to have children diagnosed.”

Discussion Card 5

“With a limited budget to spend on mental health, healthcare authorities’ main aim should be to **ensure as many people as possible are well enough to work.**”

Discussion Card 6

“People should be **encouraged not to go to the doctor just because they are feeling down** – only if they notice they show several signs of depression or anxiety disorders.”

Discussion Card 7

“Doctors should routinely screen young people in schools for signs of mental health problems.”

Discussion Card 8

“If a medical treatment for schizophrenia isn’t working, **doctors should recommend alternative therapies** such as acupuncture, even if these therapies are not supported by clinical trials.”